

2019-08-22 12:49

BI-LO 8437616666 &gt;&gt; 803 896 5199

Posted  
8-23-19- JP 1/9

287046

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe's Limb Doe's LimoBEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER:

2019 - 287 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Monica G. Carter

Telephone:

843-860-8394

Address:

271 Avonshire Drive

Fax:

843-885-5583

Summerville, SC 29483

Other:

Email:

farmer5182@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

287046

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: August 21, 2019

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

JHG

1. JHG Travel Transport & Logistics LLC  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

291 Avonshire Drive Summerville, SC 29483

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-860-8394

Phone

843-835-5590

Fax

Farmer5182@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship☐ Partnership - List names and address of all person having an interest in the business.☐ Corporation - List names and addresses of two principal officers.

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

#### Assets:

Value of Real Estate	340,000
Value of Motor Vehicles	30,000
Cash on Hand	100
Cash in Bank	2,000
Value of Other Assets and Equipment	2,500
<b>Total Assets</b>	<b>374,600</b>

#### Liabilities:

Mortgage/Loan on Real Estate	171,385
Loans Owed on Motor Vehicles	14,118
Business/Other Loans Owed	15,000
Other Liabilities or Debts	5,000
<b>Total Liabilities</b>	<b>205,503</b>

#### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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# PROPOSED RATES AND CHARGES FOR SERVICE

## Proposed Rates and Charges:

Miles      Charge per mile

50 mile - 65 ¢

51-100 - 75 ¢

101-200 - 85 ¢

201- - 95 ¢

Requester Scope of Authority: Check all counties in which you are requesting permission to operate.  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

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## DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver  
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Looking To Purchase Following Vehicles				
Honda	Odyssey 2015↑			
Honda	Odyssey 2015↑			
Possession of:				
Chrysler	2011 Chrysler 200	1C3BC2FG3BN526682	3,389-3,820 lbs	N/A
Honda	2004 Pilot Ex	2HKYF18554H608368	4,416-4,439 lbs	N/A

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**INSURANCE QUOTE**This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Monica G Carter

Name of Applicant

271 Avonshire Drive Summerville, SC 29483

Address of Applicant

**Amount of Premium:**

Liability Insurance \$

6260.00The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurrence	\$ 1,000,000	<u>\$1,000,000.00</u>
Medical Payments per Person	\$ 1,000	<u>\$1,000.00</u>

Progressive Insurance

Name of Insurance Company

Wilmington Insurance Agency Summerville, SC

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9911.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

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WINNINGHAM INS AGCY  
PO BOX 764  
SUMMERVILLE, SC 29484

JHG TRAVEL TRANSPORT  
& LOGISTICS LLC  
271 AVONSHIRE DR.  
SUMMERVILLE, SC 29483

**PROGRESSIVE**  
COMMERCIAL

Underwritten by:  
Progressive Northern Insurance Co  
August 21, 2019  
Policy Period: Aug 21, 2019 - Aug 21, 2020  
Page 1 of 3

Customer Phone number: 1-843-860-8394

## Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through [progressiveagent.com](http://progressiveagent.com), your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

### Policy information

Business type: Passenger Transportation (Not For Hire)  
Sub business type: Social & Health Services

### Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$6,260.00
Paid in full discount	-794.00
Policy premium if paid in full	\$5,466.00

### Payment plans

Payment Method: 10 payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$6,260.00	\$1,271.20	9 payments of \$559.32
6 Pay, Seasonal, 20.0% Down	\$6,260.00	\$1,271.20	5 payments of \$1,002.76
10 Payments, 25.0% Down	\$6,260.00	\$1,583.00	9 payments of \$524.67
4 Pay, Seasonal, 25.0% Down	\$6,260.00	\$1,583.00	3 payments of \$1,564.00

Make payments by mail or at [progressiveagent.com](http://progressiveagent.com). Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$6,260.00	\$1,271.20	9 payments of \$566.32
6 Pay, Seasonal, 20.0% Down	\$6,260.00	\$1,271.20	5 payments of \$1,009.76
10 Payments, 25.0% Down	\$6,260.00	\$1,583.00	9 payments of \$531.67
4 Pay, Seasonal, 25.0% Down	\$6,260.00	\$1,583.00	3 payments of \$1,571.00
4 Pay, Quarterly, 25.0% Down	\$6,260.00	\$1,583.00	3 payments of \$1,571.00
1 Payment	\$5,466.00	\$5,466.00	None
2 Payments, 50.0% Down	\$6,260.00	\$3,142.00	1 payment of \$3,130.00

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JHG TRAVEL TRANSPORT  
& LOGISTICS LLC  
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### To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at 1-843-873-9202. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

### Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
MONICA CARTER	44	Married	0	

### Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Description	Limits	Deductible	Premium
Liability To Others			\$3,889
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist			456
Bodily Injury	\$1,000,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			482
Bodily Injury	\$1,000,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$1,000 each person		35
Comprehensive			405
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			710
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			176
See Auto Coverage Schedule			
Roadside Assistance			83
See Auto Coverage Schedule			
<b>Subtotal policy premium</b>			<b>\$6,236</b>
South Carolina Uninsured Motorist Fund charge			4
Additional Insured Fee			20
<b>Total 12 month policy premium and fees</b>			<b>\$6,260</b>



JHG TRAVEL TRANSPORT  
& LOGISTICS LLC  
Page 3 of 3**Auto coverage schedule**

1. **2011 CHRYSLER 200** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
VIN: **1C3BC2FG3BN526682** Garaging Zip Code: 29483 Territory: 2 Radius: 300 miles  
Personal use: N Body type: Pass Auto Use class: S

Liability Premium	Liability	UM	UM	UM PD	UM PD	Med Pay	
	\$1932	\$196	\$234	\$32	\$7	\$18	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium			
	\$500	\$242	\$500	\$479			
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium			Auto Total
	\$50 per day Max \$1500	\$88	Selected	\$35			\$3,263

2. **2004 HONDA PILOT** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
VIN: **2HKYF18554H608368** Garaging Zip Code: 29483 Territory: 2 Radius: 300 miles  
Personal use: N Body type: SUV Use class: S

Liability Premium	Liability	UM	UM	UM PD	UM PD	Med Pay	
	\$1957	\$196	\$234	\$32	\$7	\$17	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium			
	\$500	\$163	\$500	\$231			
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium			Auto Total
	\$50 per day Max \$1500	\$88	Selected	\$48			\$2,973

Form QTE (05/08)

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Exhibit Fit, Willing, and Able (FWA)JHG Travel, Transport & Logistics

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

N/A

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

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**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☒ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Monica M. Carter  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

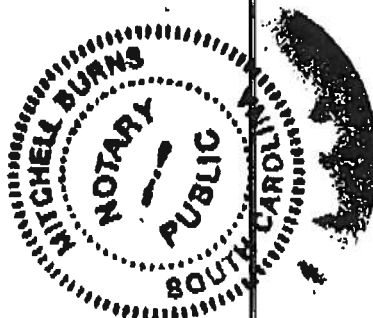
COUNTY OF Charleston )

SWORN TO BEFORE ME

This 21 day of Aug, 2019

Mitchell Burns  
Notary Public

Commission Expires May 20 2024



Print Application

South Carolina Secretary of State

# Business Entities Online

File, Search, and Retrieve Documents Electronically

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## JHG Travel Transport & Logistics LLC

### Corporate Information

**Entity Type:** Limited Liability Company

**Status:** Good Standing

**Domestic/Foreign:** Domestic

**Incorporated South Carolina  
State:**

### Important Dates

**Effective Date** 07/09/2019

:

**Expiration N/A  
Date:**

**Term End N/A  
Date:**

**Dissolved N/A  
Date:**

### Registered Agent

**Agent:** Vcorp Services, LLC

**Address:** 2 Office Park Court Ste 103  
Columbia, South Carolina 29223

### Official Documents On File

Filing Type	Filing Date
Articles of Organization	07/09/2019

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For filing questions please contact us at 803-734-2158

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TO: +18038965199 P. 3

Filing ID: 190709-1013548

Filing Date: 07/09/2019

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

JHG Travel Transport & Logistics LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
2 Office Park Court Ste 103

(Street Address)

Columbia, South Carolina 29223

(City, State, Zip Code)

3. The initial agent for service of process is

Vcorp Services, LLC

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
2 Office Park Court Ste 103

(Street Address)

Columbia, South Carolina 29223

(City) (Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Laura Bohan

(Name)

25 Robert Pitt Drive Suite 204

(Street Address)

Monsey, New York 10952

(City, State, Zip Code)

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JHG Travel Transport &amp; Logistics LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

Natasha Ferguson Dennison

(Name)

318 Traditions Circle

(Street Address)

Columbia, South Carolina 29229

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_.

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JHG Travel Transport & Logistics LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Laura Bohan

Signature of Organizer

Date: 07/09/2019

Signature of Organizer

Date: \_\_\_\_\_



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**MANAGEMENT RESOLUTION  
OF  
JHG TRAVEL TRANSPORT & LOGISTICS LLC**

The undersigned Organizer of JHG Travel Transport & Logistics LLC a South Carolina Limited Liability Company ("the Company")

**DOES HEREBY CERTIFY:**

At a general meeting of the member(s) and the organizer of the Company, duly called and held on July 09, 2019 at which a quorum was present and acted throughout, the member(s) unanimously adopted the following resolution, which has not been modified or rescinded:

**RESOLVED**, that the Company is to be managed by one or more manager who shall have the power to manage the business and affairs of the Company as provided in the Operating Agreement.

The name(s) and address(es) of the initial Manager(s) of the Company, and who shall serve until their successor(s) is/are elected and begin serving, is/are:

Monica Carter, 271 Avonshire Dr, Summerville SC 29483

**FURTHER RESOLVED**, that the undersigned hereby resigns as organizer and terminates any and all involvement relative to any and all business activities.

**IN WITNESS WHEREOF**, the undersigned has hereto affixed their hands as of July 09, 2019.



---

Laura Bohan, Organizer